

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Western District of Tennessee

FACTORY MUTUAL INSURANCE COMPANY, as
subrogee of Agilent Technologies, Inc.

Plaintiff(s)

v.

XPEDIENT MANAGEMENT GROUP, LLC and
ST. PAUL FIRE AND MARINE INSURANCE
COMPANY

Defendant(s)

Civil Action No. 2:25-cv-02424-TLP-tmp

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* St. Paul Fire and Marine Insurance Company
c/o Corporation Service Company
2908 Poston Avenue
Nashville, TN 37203

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

S. Joe Welborn
Jefferson C. Orr
Smith Cashion & Orr, PLC
3100 West End Ave.
Suite 800
Nashville, TN 37203 - 615-742-8555

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 04/17/2025

CLERK OF COURT



Signature of Clerk or Deputy Clerk

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PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) St. Paul Fire and Marine Insurance Company
 was received by me on (date) April 17, 2025.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Corporation Service Company, Reg. Agent, who is
 designated by law to accept service of process on behalf of (name of organization) St. Paul Fire and
Marine Insurance Company on (date) April 23, 2025; or
Via certified mail, return receipt. copy of return receipt attached.

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: April 29, 2025

Shannon M. Smith

Server's signature

Shannon M. Smith, Legal Assistant

Printed name and title

Smith Cashion & Orr, PC
3100 West End Ave., Ste. 800
Nashville, TN 37203

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 4-23-25</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>St. Paul Fire and Marine Insurance Company c/o Corporation Service Company 2908 Poston Avenue Nashville, TN 37203</p> <p>9590 9402 9292 4295 0473 75</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1895 2988 21</p>			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	